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RESEARCHES OF M. EDWARDS, ON THE NUTRIMENT OF GELATINE.

TRANSLATED FROM THE JOURNAL DE CHIMIE MEDICALE, DE PHARMACIE, ET DE TOXICOLOGIE, FOR JULY LAST.

BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

IT is well known that there has of late been a discussion relating to the alimentary properties of Gelatine, in which one of our colleagues (M. Julia Fontenelle) has taken an active part. We here publish the results obtained by M. Edwards.

This physiologist, in order to determine the variations of strength, and whether they were subject to a regular law, endeavored to measure that of the same individual at five different times of the day : at 7 and 11 o'clock, A. M. and at 1, 7, and 11, P. M.

These experiments, repeated on ten successive days, under the most similar, the most ordinary and simple circumstances, gave for the force of the hands, by the dynamometer, the following means :—

At 7, A. M.	-	-	67°.7.
" 11, "	-	-	72°.
" 1, P. M.	-	-	73°.
" 7, "	-	-	71°.12.
" 11, "	-	-	67°.6.

Thus, from the hour of rising at 7, A. M., up to 1, P. M., the force was increasing ; afterwards, it decreased in the interval from that time to 11, P. M. Thus, the course of muscular strength is ascending the first half of the day, and descending the last half. Finally, the least intensity occurs at the two extremes of the day, especially at the commencement.

What produces this effect ? Is it the food taken in the morning an hour after rising, which develops the strength during this period ? Or, is it the course natural to our animal economy, independently of every foreign exciting cause ?

In order to know to which it belongs, the hour of the repast was changed, but in such a manner as not to affect the subject of the experiment. The breakfast, taken as above at 8, was deferred till half past 10. During this interval, we measured by the dynamometer, at 7, 9½, and 10½, the strength of the individual. The mean of these trials showed that during the interval, without taking any food, and without the perceptible action of any exciting cause on the strength, it was progressively increased.

Therefore, when we fast, we experience after rising a progressive de-

velopment of muscular strength during a great part of the morning, without any exciting cause but the regular play of our organs, and the genial action of external agents, under the free air and the direct rays of the sun.

The influence of food seems, then, to be nothing in this case ; at the same time, as it is certain that this influence exists, in order to show the effects, we must change the process.

The means which M. Edwards resorted to, were to make trial of the dynamometer immediately before the repast, then to repeat it immediately after, and at successive intervals. By this method, having determined the strength at 7, $9\frac{1}{2}$ and $10\frac{1}{2}$, as in the preceding series of experiments, breakfast was taken immediately after ; as soon as that was over, a new trial was made of muscular strength, which was found considerably augmented ; it had increased 7° . The repast in question consisted of a bowl of chocolate and a little bread ; the object was, first, to know if the water which formed a part, would produce the whole or a part of the determined effect.

Thus, under circumstances perfectly similar, and on the next day after the preceding experiments, the same person took simply water in the proportion it entered into the bowl of chocolate, and, after the same space of time (eight minutes), he had recourse to the dynamometer, which, instead of an increase, showed a diminution of 2° . The experiment, repeated on three successive days, gave the same result.

The second element to be appreciated was the sugar, which was tried in connection with the water, but the sweetened water gave also a sensible diminution.

Trial was then made of chocolate sweetened and prepared with the usual quantity of water ; there was now no longer a diminution, but an increase of $3^{\circ}, 7$ by the dynamometer. This result was constant during the three days of the experiment. Thus, the only substances in the repast, which were efficient in increasing the strength, were the chocolate and the bread.

The object of the following experiments was to examine, but always by the same analytical process, the effects of gelatine on the variations of the muscular strength. The ordinary broth was first used, but it being customary to take it hot, it became necessary to determine the effects of an elevated temperature ; for, in the preceding experiments, the sweetened water was taken at the temperature of the air.

Six ounces of water was drank at 122° F., the ordinary temperature of taking the broth ; after 8 minutes, as in the preceding experiments, the dynamometer showed a diminution of force of $3^{\circ}, 3$; there was the same result on three successive days. Thus, the elevation of the temperature, far from increasing the strength, on the contrary diminished it, though water, taken at the common temperature, caused less diminution.

The effect of temperature being thus ascertained, trial was made of broth of a very good quality ; the effect was very great, and, for four days, the sudden increase was from 6 to 8 degrees.

A broth was then made by substituting two ounces of gelatine for the three pounds of meat, which is used for the same quantity of water. This broth is not to be distinguished from the ordinary broth ; taken at the same hour, and under the same circumstances as in the trial of the first

kind, it gave, by the dynamometer, an increase of force of 9 degrees—that is, greater by two degrees than in the preceding experiments.

After making these experiments on the same individual, M. Edwards, in order to obtain comparative results, experimented upon 31 soldiers of the 43d regiment. The trial of the dynamometer gave, before breakfast, $79^{\circ}, 87$; after, $82^{\circ}, 33$; before dinner, $77^{\circ}, 32$; after, $82^{\circ}, 16$. This trial was repeated on another company of the same regiment, composed of very strong men. The experiments were on 26 grenadiers; the difference, before and after breakfast, was 4° (3° for those of the centre); before and after dinner, 6° (5° for those of the centre).

The strength of the same soldiers of the company of the centre and of that of grenadiers, was tried before and after soup, at breakfast and at dinner.

Increase after soup.

Company of the centre.	Do. Grenadiers.
At breakfast, 1,42.	3,93.
At dinner, 4,51.	5,35.

The 26 grenadiers all showed an increase of strength after breakfast: of 31 soldiers of the centre, 25 only; after dinner, 28. In four cases, a diminution of strength was observed after breakfast and after dinner. The author thinks from this, that with strong men there is an increase of strength after every moderate meal, and that the exceptions observed were owing to the subjects being less vigorous. In order to be convinced of this, he experimented on young men of a boarding school; the mean result was contrary to what he observed in the soldiers. So likewise, in subjects who, by reason of age, present a feebleness in a healthy and sound constitution, there was an immediate diminution of muscular strength after each repast.

This difference between the immediate effects of food on the muscular strength, arising from individual vigor or feebleness, deserves attention. The elevation or depression of strength, which follows the ingestion of food, is, we may say, instantaneous; it is the effect of the passing contact, and ought to be distinguished from the subsequent effect, arising from the digestion of ingested substances. This operation, commencing immediately after the arrival of the food into the stomach, tends to concentrate in this organ the strength of the individual, and consequently to counter-balance the other effect. Thus, after the ingestion of food, there are two opposite tendencies, and the difference only is recognized by the dynamometer. This difference is less in feeble persons, and more in the vigorous.

If the quantity of food is moderate, the call for strength to the stomach will be less, while for the excitement produced by contact, there will be the same as if the repast had been more copious. Whence we think there may be cases in which, after soup, the development of muscular power will be greater than at the close of dinner; this happens with many females. This is, adds M. Edwards, one of the greatest advantages of spiced gelatine broth, which, in this respect, is unequalled. These experiments have been repeated at the Hospital of Saint Louis.

At dinner hour, when the repast commences with a soup made with a solution of spiced gelatine with a prescribed portion of meat, a certain

number of the sick in the male wards of M. Biett, have been put to three trials of the dynamometer ; one before, another after the soup, and the last at the close of the dinner. The mean result is as follows :—Before gelatine soup, 66° ; after it, 68° .

From similar experiments made on 37 female patients under the care of M. Alibert, the means were :—Before gelatine soup, 45° ; after it, 48° . In the two cases there was, at the end of the repast, a mean augmentation of strength.

"All these results," continues M. Edwards, "show the effect of spiced gelatine broth with meat ; such is prescribed by the author, and such is prepared at Saint Louis."

We should think that the gelatine serves only to give substance to the body, and that the excitation of strength depends solely on the palatable and fragrant qualities of the broth. In order to decide this question, broth was prepared, some with two ounces of spiced gelatine, and some with four ounces. The subject of the first experiments used for three days each of these two kinds of broth. The first gave an increase of strength of 9° ; the second gave one of $11^{\circ}, 34$. "Thus," says M. Edwards, "we may say in general terms, that the intensity of the action of gelatine on the muscular strength, tends to increase in the proportion of this substance ; whence it will result, that meat broth, made with two ounces of gelatine and one pound of meat, will act or tend to act more energetically, and for a longer time, on the muscular strength, than the ordinary broth prepared with four pounds of meat."

It ought to be seen by this abstract, that M. Edwards has confirmed the statement of M. Julia Fontenelle in his memoir read in September, 1834, before the Institute, in which he first maintained that good food is to be known less by the weight which the body may acquire, than by the increase of muscular power. This is the fundamental idea in the work of M. Julia Fontenelle, who noted not merely the strength of the hands, but also that of the body. We have thought it proper to make the remark here, because M. Edwards has nowhere mentioned the labors of this last, although they preceded his own by more than eight months.

September, 1835.

CASE OF CORNEITIS, WITH DEEP CENTRAL ULCER OF THE CORNEA.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN CRIMMENS, aged 2 years, a stout healthy child, was brought by his father, April, 1835, for advice for an inflammation that had existed in the right eye for six weeks. He had employed no medical advice of consequence, and the eye had been constantly getting worse ; and for the last two or three weeks the child has been unable to open the eye at all. Such was the intolerance of light, that some force was necessary to enable me to inspect the eye, so as to ascertain with any degree of certainty the actual state of the organ. Upon inspection, the external tunics were found to be much inflamed ; the inflammation was most intense imme-

ately around the margin or circumference of the cornea, forming there a distinct zone or circle of red vessels. This, it may be observed, is diagnostic of inflammation of the cornea, and also of the internal textures of the eye, and is invariably noticed if the inflammation exists in any great degree. Nearly in the centre of the cornea, and opposite to the pupil, was a deep circular ulcer, with rounded smooth edges, which were elevated and opaque, the centre being semi-transparent. A nebulous opacity surrounded the ulcer and covered nearly the whole of the cornea, obscuring and preventing any examination into the state of the iris or anterior chamber. The edges of the eye-lids were red and excoriated, and beneath the lower lid, and upon the cheek, was an eruption of small red pimples. These appeared subsequent to the ophthalmia, and were probably caused by the almost constant flow of hot acrid tears running over and irritating the cheek. The eye was tearful,* and apparently quite painful. The eruption also added to the irritation.

The father first noticed a redness of the eye, which he attributed to a cold; but a month before the time of his application, he perceived a white spot upon the sight, and he observed, in answer to the inquiry, that it had not increased much in size, but had lost some of its white or opaque appearance. The little patient soon afterwards became feverish and restless, and had much thirst; but his appetite was not impaired, and he was allowed to take his usual food.

In the commencement of this case, the disease was no doubt an inflammation of the substance of the cornea with pustule, and may probably be referred to an atmospheric origin. The requisite depletory treatment having been neglected, the pustule or abscess went on increasing, and at last was evacuated by a spontaneous process, leaving the circular deep ulcer which I have described above. The inflammation, and the ulcerative process (which, it should be recollected, is a species or stage of inflammation), continuing unchecked, the ulcer constantly grew deeper, and at the time of the application threatened to perforate the cornea, thus involving the iris and the anterior chamber in its course, and impairing the integrity of the eye-ball itself. The perforating ulcer of the cornea, from the loss of substance that it occasions, as well as from the permanent derangement of the iris to which it inevitably leads, is ever a circumstance much to be dreaded, but more especially when, as in this case, it is situated in the centre of the cornea. Here, in the most favorable result that could be anticipated, it would occasion an indelible opacity (with adhesion of the iris) in the very axis of vision. Fortunately, this lamentable result is comparatively rare; but a weighty responsibility rests upon the practitioner who is called upon at such a juncture to decide upon the course to be pursued.

The first step or indication obviously is to reduce the inflammation which is going on to the destruction of the cornea; the second is to induce a healing action in the ulcer of the cornea; and the third, to diminish as far as possible the opacity of the cornea (i. e. the opacity or albugo that will remain when the ulcer has healed up), the necessary result of the deposition of coagulable lymph thrown out by nature for the purpose of healing up the breach.

* The discharge consists of tears, and not of mucus or purulent mucus.

The patient was directed to have immediately two leeches applied to the right temple, and the same to be repeated upon the next day. The following powder to be administered at bedtime :—

R. *Hydrargyri Submuriatis*, gr. iv.
Rhei pulveris, gr. x. Misce.

A moderate dose of the infusion of senna with manna as an adjunct, was directed to be given the succeeding morning. The diet was to be restricted to bread and milk, and limited in quantity. Thick bandages over the eye were prohibited, but it was recommended to protect the eye with a light shade, the apartment being darkened. The eye to be bathed with tepid milk and water.

3d day.—The aspect of the eye was materially changed for the better ; the inflammation and the intolerance of light were much diminished. The powder had acted both as an emetic and cathartic, and the leeches had bled freely. The lids being separated, the surface of the ulcer was lightly touched with a camel's hair pencil, dipped in a saturated solution of the nitrate of silver, and a few drops of a collyrium, of six or eight grains of the same dissolved in an ounce of distilled water, were directed to be dropped into the eye once in each day. One leech to the temple, to be repeated if necessary. At this visit the child was laboring under a smart attack of bronchitis.

He was not seen again for two weeks ; during which time two or three leeches had been applied, and he had taken cathartic medicine. Now the general inflammation of the eye is much diminished ; the ciliary zone is, however, still injected, particularly at the inferior margin of the cornea ; the ulcer has diminished in extent and depth about one half, and is healing by granulation. The nebulous opacity hitherto surrounding it, has nearly disappeared ; the pupil now, clearly visible, is found to be less in diameter than that of the opposite or sound eye, and to have assumed an irregular shape, somewhat resembling the form of a double-headed shot ; the iris is of a darker color than natural. This irregularity in the margin of the pupil and change of color of the iris, plainly denote the degree of inflammation to which that membrane had been subjected, and may serve as an example to point out the danger of the extension of inflammation (not by the influence of sympathy, probably, but rather by a process or mode of continuation of similar action or disease, called by Hunter *continuous inflammation*, depending upon the close connection or contiguity of the different textures), from the external to the internal textures of the eye in severe inflammations of this organ. This extension of inflammation from the external to the internal or deep-seated textures is an important consideration, which it seems to me is too often overlooked in treating diseases of the eye. It forms one of the points of danger in the Egyptian or purulent ophthalmia, especially if the disease should be of long standing or chronic.

But to return to the case which forms the subject of these remarks ; the surface of the ulcer was again touched with the nitrate of silver solution, and another application of leeches was directed. The child was to take every night at bed-time, one of the following powders, and an

occasional laxative (to remove sources of irritation and to prevent the constipating effects of the opium) in the morning.

R. Hydrargyri Submuriatis, gr. ij.
Opii et Ipecacuanha pulveris, gr. iv.
Sacchari Albi, gr. x.

Misce : in chart. No. iv. dividend.

July 5th, two months after first application.—The parents of the child, living in the country, had not presented him again for advice until this day. The eye is now entirely free from inflammation, and bears the light equally as well as the other eye. The ulcer of the cornea had cicatrized some time since ; the cicatrix presenting a circular milk white and dense opacity, the rest of the cornea being perfectly transparent. This opacity is evidently of that form designated by the term leucoma. Of this not uncommon species of opacity of the cornea, Mackenzie observes—“a loss of substance in the cornea by ulceration, and a partial filling up of that loss by granulation, always precedes the formation of leucoma.” For the purpose of hastening the absorption of the opaque deposition in this case, a collyrium of sulphate of zinc, in distilled water, was recommended to be dropped into the eye daily.

The prognosis in cases of opacities of the cornea in children, unless complicated with adhesions of the iris, is uniformly favorable, owing to “a natural tendency to disperse, as soon as the disease upon which they depend begins to subside.” A knowledge of this fact, or *law of nature*, should prevent a recourse to any operation upon the opacity itself, under the vulgar and absurd belief that they may be “cut off” by the knife, or “eaten off” by escharotics ; and should also tend to repress the injudicious application of empirical collyria, which are invariably of a highly stimulating character, which may do much harm when used, as they frequently are, before the *cause* of the opacity is subdued.

Boston, September, 1835.

CONSTITUTIONAL EFFECTS FROM LOCAL INJURY.

[Communicated for the Boston Medical and Surgical Journal.]

AUG. 26th, J. H., a revolutionary pensioner, aged 78, of robust constitution and general good health, was thrown, by a sudden movement of the horse, out of a waggon in which he sat, with a child on his knees. In the effort to save it from injury, he fell heavily, and a second movement of the animal passed the wheel over a portion of his abdomen as he lay. On being assisted to rise, he was unable to rest the slightest weight on the right limb, and was conveyed to bed.

On the 27th, twenty hours after the accident, I was called to see him in consultation, and found the following appearances and symptoms offering themselves. There was no perceptible shortening of the right limb, but the foot and knee were a little everted. No external mark of injury on the ilium of that side, but there was swelling and much pain on pressure at the trochanter major, aggravated by any attempt at flexion on the trunk or abduction ; adduction, however, could be performed without much increase of suffering. The skin was pungently hot ; tongue dry

and brown, but without much coating. There had been obstruction of the bowels since the accident ; and it was stated that, ten hours after, vomiting had set in, which continued unremittingly every few minutes. The fluid thrown off resembled dark coffee grounds, and its ejection was peculiarly characteristic of that accompanying membranary inflammation of some of the collations viscera, namely, the gulping of mouthfuls from the stomach, which were spirted out with much force. The abdomen was tumid, and pressure, however light, over any part of its surface, produced pain. Before the act of vomiting, much distress was complained of in a line crossing the centre of the epigastric region and the site of the gall-bladder ; there was not, however, any evidence of external injury. The functions of the brain were undisturbed ; the pulse 112 in a minute, and giving a feeling as if a rod of lead struck the finger.

The diagnosis I drew from these data was, that no doubt existed of fracture of the neck of the femur, but that the intensity of the constitutional symptoms did not seem to be justified by it, as far as I could judge by the examination ; that these were more likely to have arisen from injury received by the fall, with a full stomach, or the passage of the wheel over the abdomen ; and that, while every attention should be paid to the local injury, it ought to be particularly directed (as far as consistent with the age, &c. of the patient), to the subdual of the diseased action which seemed going on in the abdominal cavity. With this view the gentleman who met me conceded.

The limb was placed in an easy position, bandaged, and six leeches applied to the ilium, followed by fomentations. Sixteen ounces of blood were taken from the arm, without any marked effect being produced on the general system, and a pill administered, consisting of S. M. Hyd. gr. vi. ; Pulv. Opii gr. ss. M.

28th, A. M.—The vomiting has ceased since the bleeding of last night, which is sity and much cupped ; the bowels have been moved once ; the skin is moist, its temperature decreased, and the patient has had some rest. Sumat haust. effervescing, pro re nata, with fluid nourishment, and continue fomentations.

2, P. M. was called suddenly in consequence of a return of the vomiting. Abdomen tumid ; pulse 120, compressible, in other respects as before. Cupping to the abdomen, to the extent of six ounces ; blisters to the inside of the thighs ; sumat S. M. Hyd. gr. ij. ; Pulv. Camphor. gr. i. ; Pulv. Opii gr. 1-4. M. tert. hor.

29th, A. M.—During the application of the cupping glasses, and for two hours afterwards, the vomiting ceased, but then recommenced, and has since continued, everything being rejected almost as soon as taken. There is occasional hiccoughing ; pulse 100, soft, and intermitting. Cont. pil. ; dry cupping to the abdomen ; sinapisms to the feet.

On my visit at night, I found that as long as the application of the glasses could be borne, the vomiting was checked ; when they were removed, it recommenced. The bowels had been moved a second time ; the abdomen had lost its tumid appearance. He was now with cold extremities, evidently fast sinking, and died at 10, P. M.

The temporary relief, only, which was afforded by the means used, the absence of tumefaction towards the close, and the rapidity with which

the case terminated, led me to suspect serious structural lesion as the remote cause of death. I therefore requested permission to examine the body, which was granted.

The integuments of the abdomen were loaded with fat, and the body exhibited muscular development uncommon at such an age. There was no effusion into the peritoneum, nor did its surfaces present any traces of inflammation. The stomach contained about two ounces of a dark-colored mucus, as if mixed with powdered carbon. Its orifices and surface were natural, save at the commencement of the great curvature, where a diameter of two and a half inches was dotted with effusion of blood of a light-red color. There was much distension of the vessels of the upper third of the jejunum and of the lower third of the ileon; the vessels of the colon (which was of unusual length) were also enlarged, but there was no trace throughout of active inflammation. The liver was engorged with contained fluids, and the gall-bladder, swollen almost to bursting, contained from five to six ounces of bile, similar in appearance to the fluid first ejected, but more inspissated. The other abdominal and pelvic viscera were normal.

The cellular tissue over the local injury was much injected with blood, and on cutting through the fibres of the glutei muscles, a quantity of synovia, mixed with blood, was poured out. On dissecting away their attachments to the trochanter, and passing the finger upon the neck of the femur, it was found fractured, its anterior face being attached to the trochanter, while the posterior and head of the bone were separated into three portions; the capsular ligament was extensively lacerated, and the upper part of the acetabulum offered a fissure to the finger, leaving no doubt of fracture of the ilium. There was no evidence of active inflammation about the parts. A more minute dissection could not be had.

We have here severe local injury producing constitutional effects, similar in their character to general abdominal inflammation, while scarce a trace of morbid action is shown on examination after death. All the symptoms seem to have been the result of a sympathy of surfaces, if I may be allowed the expression. It would seem that when the vessels and nerves of any particular part are so injured as to be of themselves incapable of undertaking a remedial process, a diseased action is taken up by the nearest predisposed analogous structure; the fracture of the ilium, neck and head of the femur, and the consequent extensive laceration of the serous membrane of the joint, producing functional disorder of those organs enveloped by that of the abdomen, which was kept up until death closed the scene—the exciting cause being beyond the power either of nature or art.

E. E. D.

Northampton, Sept. 1, 1835.

CASE OF PURULENT OR GONORRHœAL OPHTHALMIA.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 3d, 1835, I was called to A. B. by his friends, who represented to me that one of the eyeballs of the patient had burst open. Upon my arrival, I found it actually the case. The eyeball was collapsed and

sunken in the orbit, with an aperture as large as a common pupil, immediately on the lower edge or margin of the pupil. The lids were still much swollen, and there was a considerable discharge of purulent matter from the membrana conjunctiva. Under these circumstances, I found I could do but little for the ophthalmia, as it was too late; the fate of the eye was already unalterably fixed, and the prospect gloomy indeed of any sight remaining. Upon a careful examination of the patient, I found he was laboring under a virulent gonorrhœa, and had been under the treatment of a Thomsonian or steam *doctor* for both diseases. He was promised speedy and sure relief by the steamer, and that his eye was getting better and would soon be well. These promises were repeated and urged upon the patient until within a few hours of the sad catastrophe, the bursting of the eyeball, which so alarmed the patient as to induce him to send for me.

I prescribed the ordinary remedies for gonorrhœa, and with success in the ordinary time. Some local remedies were applied to the eye with benefit. The patient is now well, and can see a little, but very indistinctly, out of the affected eye.

I am clearly of opinion that this was a case of gonorrhœal ophthalmia, and that some of the infectious matter from the urethra was applied to the conjunctiva, as the young man was a person of filthy habits. I mentioned this case, in conversation with a neighboring practitioner, who concurred with me in opinion, and related a case which he had seen. A young man was laboring under slight ophthalmia, with gonorrhœa at the same time. He was advised by some empiric to wash his eyes with his urine. He did so, and violent purulent ophthalmia ensued, which destroyed the sight of both his eyes.

I make the above remarks with the view only of calling the attention of the profession to the subject of gonorrhœal ophthalmia, a disease of more frequent occurrence, perhaps, than is generally imagined. I once attended a child, only a few days old, with a violent purulent ophthalmia. One of its eyes swelled much, protruded from the orbit, and burst. The child died soon afterwards. The mother was strongly suspected of gonorrhœa.

GAMMA.

August 18, 1835.

EFFECT OF ALCOHOL UPON THE LIVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a recent No. of the Journal I noticed some remarks on that important fact in medico-legal investigation—the preservative power of arsenic on the membranes of the stomach and bowels. It called to mind a case (how far it may be considered an analogous one, I am not prepared to say) of remarkable preservation of the liver in an intemperate subject. The facts I have from an eye witness, Colonel W., a gentleman of that intelligence and close observation which render the facts unquestionable.

Mr. B., upwards of sixty years of age, and habitually intemperate, was attacked with the spotted fever, so called, at the time of its dreadful

prevalence in our Northern States some twenty years since. He survived this attack, but in about six months died of phthisis pulmonalis, and was buried in the usual manner in the cemetery of the Episcopal church in F., and stones erected.

During the year 1833, Colonel W., with several of his neighbors, disinterred this body (with several other bodies), and removed it to another part of the ground, in order to make a site for a building for the use of the church. Nothing unusual was observed in these moulder'd remains, except in those of the body of Mr. B., and here the liver formed a striking exception. While every other part of the body was in that state of decay which would naturally be expected from the long time that had elapsed, the liver remained not only entire, but (to use my informant's own words) when cut into, looked like the liver of a hog.

In reference to this case, a question arises—Does the habitual use of alcoholic liquor, as a drink, have such an effect on the liver? Will the pages of the Journal touch upon this subject by way of elucidation?

Oswego Co. N. Y. Sept. 1835.

INQUIRER.

REMEDY FOR RINGWORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I, too, would throw in my mite in answer to "an inquiry concerning the method of cure in ringworm." I will join with your correspondent W. W. and say that I also like such inquiries, because "replies to them *may* have a tendency to relieve humanity of a thousand ills." I have lately witnessed the cure of a ringworm, situated near the canthus of the eye, by the application of Apple Brandy, or, as it is generally called in New England, Cider Brandy, saturated *fully* with camphor. Corrosive sublimate (4 gr.), associated with the yolk of an egg, has effected a cure; and so has the nitric acid ointment, and spirits of turpentine. But so long as the pathology of this herpetic complaint is so imperfectly understood, how can we propose any method of cure that will be *radical* in every instance, or that deserves to be called an *universal remedy*? For the purpose of eliciting remarks upon this subject, I would propose the following queries:—Does ringworm arise in any degree from the state of the circulation? Is it owing to obstruction in the capillaries of the skin? Why does it assume an annular shape? In fine, is it a self-limited disorder of the capillaries?

H. F.

Longwood, Va. Sept. 13, 1835.

COMPOUND EXTRACT OF SARSAPARILLA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A subscriber wishes to inquire, through the medium of your Journal, what the composition of Mander, Weaver & Co.'s Compound Extract of Sarsaparilla is, and what the formula of its preparation. The reason for these inquiries is, that the sensible and medicinal properties and effects are nearly as various as the different parcels of the article—being neither uniform in properties nor power.

Cannot this article be prepared in this country, in such a manner that physicians may safely depend upon its uniform strength? I hope some of the apothecaries in Boston will furnish it in a solid form, that will uniformly possess all the medicinal properties, without any foreign admixture.

Kennebunk, Me. September, 1835.

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BOSTON, SEPTEMBER 23, 1835.

GOOD'S STUDY OF MEDICINE.*

WHEN we commenced an examination of this new and greatly improved sixth American edition of the late Dr. Good's Study of Medicine, it was with a view to pointing out its particular excellencies; but the voluminousness of the original text, to which Dr. Doane has added a vast number of practical notes, renders it almost impossible to present our readers a regularly constructed review, within the boundaries to which we are necessarily circumscribed. The value of this indestructible monument of the author's industry, learning, and acute discrimination, no one will presume to question: few men have exhibited the tangible evidences of such a vast amount of important information, or been more laborious and indefatigable, than Dr. John Mason Good, whose death left a void in medicine and philosophy, which no rising genius in England has since been able to fill. From the papers which he left, and which were intended to have been incorporated with what had been already given to the world, Dr. Samuel Cooper, of London, a name familiarly known in the annals of surgery, produced a book of rare worth to the profession. This was the basis of the volumes under consideration. The American editor has departed from the common method in this country, of citing authorities. Instead of making draughts on the opinions of men in Europe, exclusively, and therefore almost unknown to us on this side of the Atlantic, Dr. Doane makes constant reference to the reports and experience of physicians in the United States. This gives it the right character—and upon this circumstance, more than any other, will the success of the edition depend.

It is really gratifying to observe that native authors are beginning to look into the pages of Medical Journals for references. No one can produce an acceptable treatise on therapeutics, or better the condition of those of transatlantic origin, without constant reliance on the treasures contained in our medical periodicals. Dr. Doane has drawn copiously from them, and at the same time has had the justice to give ample credit where it was due.

Prefatory to the main body of matter, is inserted a history of medicine, from its origin to the commencement of the nineteenth century, by J. Bostock, M.D. F.R.S. on which the mead of praise has long since been bestowed. By its union with the present edition of Dr. Good,

* *The Study of Medicine.* By John Mason Good, M.D. &c. Improved by Samuel Cooper, Professor of Surgery in the University of London, &c. With Notes, by A. Sidney Doane, A.M. M.D. In two Volumes. New York: published by Harper & Brothers. 1835.

there is a complete embodying of all that pertains to the science, in an elegant, compact and convenient form.

With regard to typographical execution, we have rarely seen a better specimen. If the *Harpers*, who seem to be turning their attention to medical books, are always as careful to consult the expectations of the profession in respect to the quality of materials and price, they may reasonably calculate upon becoming as distinguished in this line of publication, as they already are in general literature.

Having been very favorably impressed, after a thorough investigation of the pages to which these remarks apply, we can cheerfully recommend this valuable edition to the respectful notice and patronage of our friends.

NEW HYDROSTATIC BED.

Mr. ISRAEL MARTIN, who has heretofore had honorable mention in this Journal for his ingenious contrivances for meliorating the condition of invalids, has invented an improved hydrostatic bed, far superior to any we have seen. The India rubber sack is tacked upon a light frame, which may be laid on a common sacken bedstead or hospital bed, filled with water, a solution of salt in water (brine)—or spirit, as some physicians in this region prefer. This invention is certainly particularly worthy the attention of surgeons and hospital practitioners. The cost of the article is from sixteen to twenty dollars, according to size and workmanship.

CASE OF LIMOSIS EXPERS.

THE last No. of the *N. A. Archives* contains an interesting case of abstinence from food, in the person of a young lady aged 21, who has been affected with chlorosis since the age of puberty. Together with the other usual symptoms of this disease, the patient has been afflicted with an extreme irritability of the stomach, which caused every article of food she attempted to take, to be ejected before it reached the cardiac orifice, accompanied with much watery fluid. The endermic use of the sulphate of morphine over the epigastric region, gave relief so far that the stomach could retain medicines. By the use of a preparation of mercury, the obstinate constipation was relieved, and the secretions were restored, which state of things continued for several weeks. The spinal irritation, which had also been present, was removed by the *ung. canthar.* and *ung. antim. tart.* and hopes were entertained that in the observance of dietetic rules, and the enjoyment of pure country air and exercise, health would speedily be restored. The digestive powers were never, however, more than partially re-established. A mercurial impression on the system has been several times required, as it is only at the periods immediately succeeding ptyalism, that her stomach, during the last two years, has been able to retain solid food. Medicines were generally retained, but solids and fluids as generally rejected. "Great uneasiness, and frequently excruciating agony, followed the introduction of all *ingesta* save what was purely liquid." She has been a stranger to the sensation of hunger during the time mentioned, and nothing but urgent solicitation has induced her, sometimes during eight or ten weeks, to swallow anything but tea sweetened with sugar; and yet the fluid ejected from her stomach has very frequently exceeded in quantity that taken. Occasionally the stomach regains, for a time, its healthful function, so that she can partake of fruits, and even radishes and cucumbers, with impunity. During all this

suffering, it has only been at short intervals that the patient has been confined to her bed. She is now capable of walking a considerable distance and attending to domestic avocations, and even the apparent glow of health often animates her countenance.

On interrogating particularly the intelligent parents of the young lady, Dr. F. ascertained, 1st, that 28 months have elapsed since the habit of fasting was first contracted. 2d, that nine or ten weeks is the longest period that has passed in which nothing was taken but tea and water; six or seven weeks, frequently;—and that during the last two years, she has not eaten more than half a pound of animal food, nor more than a baker's common-sized loaf of bread—tea, sweetened with sugar, having been her principal nourishment. 3d, that as pure water does not agree with her stomach, she has seldom made use of it. 4th, that very often a single cup of tea, and this too rejected instantaneously, would constitute her daily allowance for a succession of days. It is also stated that for many months of this time, she scarcely slept two hours out of every twenty-four. The different kinds of imported tea, as well as various indigenous kinds, particularly the flowers of sassafras, have been used. Coffee, chocolate, or porter, were instantly rejected.

Dr. F. has collected many interesting cases of long-continued fasting, which he has appended to the above, and which we may hereafter transfer to our pages.

MEDICAL GRADUATES IN HARVARD UNIVERSITY IN 1835.

ANDREW ALEXANDER—*On Asphyxia.*

FRANCIS CLARKE—*On the Blood.*

JOHN JAMES DE WOLF, A.B.—*On Phthisis Pulmonalis.*

JOSEPH FARNUM, JR. A.B.—*On the Numerical System of Louis.*

JOHN LAWRENCE FOX, A.B.—*On Intermittent Fever.*

Lewis Joseph Glover, A.M.—*On Smallpox.*

JOHN HATHAWAY GUSHEE—*On Hydrothorax.*

ESTES HOWE, A.M.—*On Pneumy.*

WILLIAM PITKIN HUNTINGTON, A.B.—*On the Moral Aspects of Medicine.*

SOLomon KEEP—*On Continued Fever.*

EZEKIEL WALTER LEACH, A.B.—*On the Influence of Climate on Man.*

STEPHEN AUGUSTUS PAIN, A.M.—*On the Ear.*

STEPHEN SALISBURY, A.M.—*On Erysipelas.*

GEORGE CHEYNE SHATTUCK, A.M.—*On the Nerves of the Thorax and Abdomen.*

ALBERT THORNDIKE SMITH—*On Gangrene.*

CHARLES TALBOT—*On Croup.*

JOHN HOWE TROWBRIDGE—*On Apoplexy.*

WARREN JACOB WHITNEY, A.B.—*On Hydrocephalus.*

JAMES WILDE, A.B.—*On Diseases of the Hepatic System.*

Native Medicinal Leech.—It has been announced in the papers that Dr. Finlayson, of Glengary, U. C. avers that the true medicinal leech has been found in the brooks of that province, and that he has tested their quality. If the doctor really believes this, he could not do us a greater favor than to forward specimens to our address, in order that they may be presented to a committee of the Massachusetts Medical Society, now making researches upon the subject of the propagation of the leech in this country.

Death from an Over Dose of Medicine.—In these anti-mercurial days, the following notice, taken from one of the daily prints, will naturally excite some attention. We are curious to learn what may be considered the exact proportion of the drugs referred to, so as to ensure “the counteracting influence of the cathartic.” Will any *medical* gentleman, who may be acquainted with the particular circumstances of the case, favor us with farther information?

“Died, on the 5th inst. in Barnstable, Mr. Francis A. Davis, aged 23. This estimable young man’s death was occasioned by taking a large powder of calomel and jalap, in which the proportion of the former was too great for the counteracting influence of the cathartic. The powder, with other medicines, was prepared for Mr. D. by a druggist in New York, previous to his sailing from that city on a voyage to Europe, more than a year since, and was taken by him early on Friday morning, without the advice of a physician, he having been somewhat unwell for a few days previous. After suffering severely for about twenty-four hours, death ensued.”

Specific for Ringworm.—On the authority of an eminent practitioner, the following remedy for ringworm has been given. Moisten the diseased surface frequently with the common cranberry juice, and it is said the disease is very speedily overcome. If, in the sequel, this simple application is found really a specific, the discoverer is deserving a gold medal.

Conviction of Prescott.—In the 23d No. of the 11th Vol. of the Journal, an abstract was given of the medical evidence on the trial of Abraham Prescott, of Pembroke, N. H. for the murder of Mrs. Cochran. It will be recollected that the verdict of “guilty” was set aside by the Court, and a new trial granted. This trial has just terminated, and the prisoner again pronounced guilty. Our friends from the Worcester, Pepperell and Charlestown asylums were again called upon, and their evidence on the subject of insanity is spoken of as being interesting and important.

Smallpox in the Indian Archipelago.—In the journal of Mess. Munson and Lyman, whose lives were wantonly sacrificed the last season by savages, they record the melancholy ravages of the smallpox among those distant islands. When first taken, the natives drink a decoction of a cooling plant, till the pustules make their appearance. The patient then bathes in cold water, frequently, for three days. If this does not mitigate the intensity of the patient’s suffering, they then make a sacrifice to Satan. No mention is made of vaccination, which is probably unknown to the poor and destitute sufferers.

To CORRESPONDENTS.—The Communication on the Remedial Powers of the *Ceanothus Americanus* will have an early insertion.

DIED—At Wallingford, Ct. Dr. Amos G. Hull, inventor of the Patent Hinge Truss, aged 60.—In Maryland, Dr. Hyde Ray, surgeon U. S. Navy.

Whole number of deaths in Boston for the week ending Sept. 19, 40. Males, 23—Females, 17.

Of hooping cough, 2—lung fever, 1—hanged, 1—cholera infantum, 2—palsy, 1—infantile, 1—cancer of the bowels, 1—inflammation of the bowels, 1—bilious fever, 1—typhous fever, 4—dysentery, 4—convulsions, 1—child-bed, 2—intemperance, 2—cholera morbus, 1—measles, 5—consumption, 3—scrofula, 1—smallpox, 1—suicide, 1—accidental, 1—apoplexy, 1—teething, 1.

A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—Jm

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in November, and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

		Fees
<i>Anatomy, and the Operations of Surgery,</i>	by JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	“ JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	“ WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	“ JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	“ GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>	“ JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 21—tN. WALTER CHANNING, Dean.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.
 Theory and Practice of Medicine, by ELI IVES, M.D.
 Chemistry and Pharmacy, by B. SILLIMAN, M.D.
 Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.
 Anatomy and Physiology, by J. KNIGHT, M.D.
 Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$5.00, which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from \$2 to \$3 a week, and other necessary articles in proportion.

(Sept. 3—epw)

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835. epft.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835. tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.